IHS RPMS
Referred Care Information System
(BMC)

Version 1.0

Technical Manual

September 1997

Indian Health Service
Resource and Patient Management System (RPMS)

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Division of Information Systems
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Preface

The new Indian Health Service (IHS) Referred Care Information System (RCIS) has been designed to assist with the clinical and administrative management of all referred care, including in-house referrals, referrals to other IHS facilities, and referrals to outside contract providers. The system automates the referral process within a facility. In doing so, essential information is gathered that provides timely and accurate referral data on individuals and groups of patients for the key clinical and administrative managers at care delivery sites, IHS Areas, and IHS Headquarters. By tracking information on referred care, the goal of the RCIS is to help ensure that IHS provides appropriate, effective, and high-quality referred care services to American Indian/Alaska Native people at fair and reasonable prices.

This manual provides all of the technical information needed for Information Resource Management (IRM) personnel to operate and maintain the IHS RPMS Referred Care Information System software, version 1.0. Included in this technical manual are a system description, routine descriptions, option descriptions, and other technical documentation. For further information about the RCIS, refer to the RCIS installation guide and user's manual.

Please direct any comments or questions regarding this system to:

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Table of Contents

Introduction

The IHS Referred Care Information System (RCIS) provides a standard tool for automating the referral process and maintaining records on referred care services. There are three main modules specific to the RCIS that are accessible from the system's main menu, shown below:

- Data Entry
- Print Reports
- RCIS Management

```
        *******************************************
        *              INDIAN HEALTH SERVICE              *
        *        REFERRED CARE INFORMATION SYSTEM      *
        *              VERSION 1.0, May 07, 1997          *
        *******************************************
                        SELLS HOSPITAL/CLINIC
                              MAIN MENU


   DE      Data Entry ...
   RPT     Print Reports ...
   MGT     RCIS Management ...
   HS      Health Summary ...
   REG     Patient registration ...
```

All of the data entry, management, and retrieval for the RCIS are performed with the three RCIS primary menu options. Refer to the user's manual for complete descriptions of these options and their submenus, as well as detailed instructions for using all aspects of the system.

In addition to the above-mentioned RCIS modules, easy access is available to the Health Summary and Patient Registration system menus. These options are provided on the main menu of the RCIS to allow you to review and print a patient's registration information or health summary with a minimum of effort.

The RCIS contains interfaces with both the Patient Care Component (PCC) and the Contract Health Services system to minimize duplicate entry of data and facilitate the sharing of information among RPMS system users. These interfaces may be activated individually as needed for each facility using the RCIS.

Implementation and Maintenance

System Requirements

- FileMan 21 or higher
- Kernel 8 or higher
- IHS Dictionaries (PATIENT) Vs. 93.2 - Patch #5 (aupn9320.05p)
- Taxonomy Package v. 5.1

Security Keys

Assign the appropriate security keys to users of the RCIS.

BMCZMENU	Primary Main Menu key
BMCZ MGR	Package Manager key
BMCZDELETE	Package Manager key to delete a referral
BMCZCHS	Package Manager key for adding CHS
BMCZSUPERVISOR	Data Entry Manager Supervisory options

Routines

Name	Description
BMC	Referred Care Information System
BMCADD	Add a new referral
BMCADD1	Add a referral part 2
BMCADD2	Display routine referrals
BMCAERR	Add/edit routine referral definition
BMCALERT	RCIS alerts
BMCALT	List alternate resources
BMCBULL	RCIS send bulletin
BMCCHS	CHS interface
BMCCLO	Close out a referral
BMCDLRR	Delete routine referral definition
BMCDSP	BMC display referral record
BMCDXADD	Add DXs
BMCDXLK	Lookup ICD9 entry
BMCDXSTF	Stuff DX & CPT if site parameters request stuffing
BMCFACE	Print face sheet from ScreenMan
BMCFAHC	Print referral form
BMCFAHC1	Print referral form
BMCFDR	Driver to print referral form
BMCFDRC	CHS driver to print referral form
BMCFDRS	Driver to print routing slip
BMCFLTR	Filtering criteria for referral selection
BMCFMC	RCIS FileMan calls
BMCFPRN	Print referral form
BMCFUNC	Fix uncoded DX
BMCFUNC1	Fix uncoded CPT codes
BMCHELP	Referred Care Information System
BMCHS	RCIS health summary component
BMCKILL	Kill all BMC variables
BMCL	List Template Exporter
BMCLKID	Identifiers for referral lookup 2
BMCLKID1	Identifiers for referral lookup 2
BMCMINI	Mini add a new referral
BMCMOD	Modify a referral
BMCPCCL	PCC link from MH/SS
BMCPOST	MCS post init
BMCPOST1	Install mail groups
BMCPOST2	Add mail group to bulletin entry
BMCPRE	Preinit, chk rqmnts, etc., delete DICS
BMCPREI	Created by XBBPI on Sept. 26,1996
BMCPRI	Service categories

BMCPXCHK	Check CPT CAT/PX at close time
BMCPXSTF	Stuff CPT if site parameters request stuffing
BMCRCHK	Check provisional primary DX
BMCRCHK1	Check provisional primary procedures PX
BMCRCHS1	List paid CHS referrals
BMCRCHS2	List CHS referrals not approved
BMCRCHS3	List active referrals CHS denied
BMCRD	Visit display
BMCRD1	No description provided
BMCRDEL	Referral delete
BMCRDLT	Referral delete
BMCRDSP	No description provided
BMCREF	Set referral variables
BMCRL	PCC referral general retrieval driver routine
BMCRL0	Screen logic
BMCRL01	Screen logic
BMCRL1	Process referral list
BMCRL3	More lister
BMCRL4	Control for select, print, and sort functions of general retrieval report option
BMCRLD	Delete VGEN/PGEN custom report
BMCRLP	Print referral report
BMCRLP1	Cont. of BMCRLP
BMCRLP2	Print referral report
BMCRLS	APC referral counts: show screens
BMCRLU	Gen Retr Utilities
BMCRLU1	Gen Retr Utilities
BMCRR1	List patients for whom medical and/or cost data have not been received
BMCRR10	List patients for whom medical and/or cost data have not been received
BMCRR101	Process referral list
BMCRR10P	Print bill visits
BMCRR11	Process referral list
BMCRR12	List patients for whom medical and/or cost data have not been received
BMCRR121	Process referral list
BMCRR12P	Print bill visits
BMCRR13	List active referrals by requesting provider
BMCRR131	Process referral list
BMCRR13P	Print referrals
BMCRR14	List patients for which medical and/or cost data has not been received
BMCRR141	Process referral list
BMCRR14P	Print bill visits
BMCRR15	In-house referrals by provider
BMCRR16	In-house referrals by provider
BMCRR17	List patients for whom medical and/or cost data have not been received
BMCRR171	Process referral list
BMCRR17P	Print bill visits

BMCRR18	List patients for Inpatient Discharge Comments
BMCRR181	Process referral list
BMCRR18P	Print bill visits
BMCRR1P	Print bill visits
BMCRR2	List patients for whom medical and/or cost data have not been received
BMCRR21	Process referral list
BMCRR2P	Print bill visits
BMCRR3	List patients for whom medical and/or cost data have not been received
BMCRR31	Process referral list
BMCRR3P	Print bill visits
BMCRR4	List patients for whom medical and/or cost data have not been received
BMCRR41	Process referral list
BMCRR4P	Print bill visits
BMCRR5	List patients for whom medical and/or cost data has not been received
BMCRR51	Process referral list
BMCRR5P	Print bill visits
BMCRR6	List patients for whom medical and/or cost data have not been received
BMCRR61	Process referral list
BMCRR6P	Print bill visits
BMCRR7	List patients currently in active, outpatient referral status
BMCRR71	Process referral list
BMCRR7P	Print bill visits
BMCRR8	List patients for whom medical and/or cost data have not been received
BMCRR81	Process referral list
BMCRR8P	Print bill visits
BMCRR9	List patients for whom medical and/or cost data have not been received
BMCRR91	Process referral list
BMCRR9P	Print bill visits
BMCRRDEL	Delete routine referral templates
BMCSKEL	Skeleton routine
BMCSKILL	Kill all BMC variables
BMCSMC	Calls from ScreenMan screens
BMCSMHS	Print face sheet from ScreenMan
BMCSPD	Display site parameters

BMCTX BMCTXA, BMCTXB , BMCTXBB, BMCTXC, BMCTXD, BMCTXDB, BMCTXE, BMCTXEB, BMCTXEC, BMCTXED, BMCTXEE, BMCTEF, BMCTXEG, BMCTXEH, BMCTXEI, BMCTXEJ, BMCTXEK, BMCTXEL, BMCTXEM, BMCTXEN, BMCTXEO, BMCTXEP, BMCTXEQ, BMCTXER, BMCTXF, BMCTXFB, BMCTXFC,	Created by ^ATXSTX
BMCURMD	Utilization review report
BMCVDOC	Documentation for system-wide variables.

Files

File Name	Brief Description	Merge or Overwrite Existing Data	Data comes with file?
RCIS Referral	This system provides the capability to manage patient referrals in an attempt at cost containment. It contains one record for each referral made at a single facility. The referral # is 13 digits and is derived from the 6-digit IHS Area, Service Unit, Facility code (asufac) concatenated with the 2-digit current fiscal year concatenated with a sequential 6-digit number. The sequential number is generated automatically by software from the RCIS Site Parameters file.	Overwrite	No
RCIS Diagnosis	Contains one or more diagnoses for each referral record.	Overwrite	No
RCIS Procedure	Contains procedures requested by an RCIS referral record.	Overwrite	No
RCIS Case Review Comments	Contains the comments entered by the referral system manager to document the evolving status of patients being referred for outside services.	Overwrite	No
RCIS Site Parameter	Contains information needed by RCIS software. There is one entry per facility running RCIS in one UCI.	Overwrite	No
RCIS Routine Referral Def	Contains the diagnostic categories defined in the ICD9 code book. ICD code ranges are associated with each category.	Overwrite	No
RCIS Output Form Definition	Controls the print format procedures/controls for the RCIS referral letter.	Overwrite	No
RCIS ICD Diagnostic Category	Contains the diagnostic categories defined in the ICD9 code book. ICD code ranges are associated with each category.	Overwrite	No
RCIS CPT Procedure Category	Contains the CPT categories defined by the RCIS designer.	Overwrite	No
RCIS Specific Provider	Specific providers who will be seeing the referred patient.	Overwrite	No
RCIS Local Service Category	Locally defined categories of services. If a site wants a breakdown of service categories other than CPT service category, such categories must be entered in this file. The RCIS category field of the RCIS Site Parameter file must be set to indicate whether the local category field will be required or optional. If the RCIS Site Parameter file is not set, the local category field prompt will not display.	Overwrite	No
RCIS Managed Care Comm Action	This file contains the locally developed, site-specific managed care committee actions.	Overwrite	No
RCIS Local Util Rev By MD Codes	Contains the locally developed, site-specific codes and definitions for the utilization review decisions.		No
RCIS Report Lister Items	Stores all the table entries needed for the RCIS ad hoc general retrieval report option.		
RCIS Report Lister Temp File	Records all users accessing the RCIS ad hoc general retrieval report option.	Overwrite	No

Cross-References

DATE INITIATED (.01)
    1   B   REGULAR

 REFERRAL # (.02)
    1   C   REGULAR
    2   BS1   MUMPS
            This cross-reference "BS1" allows referral number lookup by using the significant digits of
            the 9th through the 13th digits of the referral number; for example, referral number
            0001019700008 can be found by entering "8."

PATIENT (.03)
    1   D   REGULAR
    2   AA   MUMPS
            This cross-reference is by patient,date of referral. It was created to prevent duplicate
            referrals for the same patient on the same day. It may be used for other purposes also.

TYPE (.04)
    1   TRIGGER
            This trigger sets the Primary Payor field to Other anytime the Type field is set to I. The
            Primary Payor field is deleted whenever the Type field is changed from another IHS
            facility to any other value.
    3   TRIGGER
            This trigger deletes the To IHS Facility field any time the Type field is changed or deleted.
    5   TRIGGER
            This trigger sets the CHS Approval Status anytime the Type field is set to CHS and the
            CHS Approval Status field was previously blank. Nothing occurs on the kill side in order
            to leave the history of the CHS activity intact (e.g., CHS denial reason).
    6   AZ8   MUMPS
            This cross-reference sets a variable that causes a bulletin to be sent after the user exits the
            editing of this referral.
    7   AZ10 8   AZ11   MUMPS
    9   AZ12   MUMPS

ICD DIAGNOSTIC CATEGORY (.12)
    1   AZ1   MUMPS
            This MUMPS cross-reference calls a routine to send a bulletin if the diagnostic category
            of a referral may involve third-party liability.

INPATIENT OR OUTPATIENT (.14)
    1   TRIGGER
            This trigger deletes the Inpatient Estimated LOS if the Inpatient or Outpatient field is set
            to Outpatient.
    2   TRIGGER
            This trigger deletes the Inpatient ACTUAL LOS if the Inpatient or Outpatient field is set
            to Outpatient.

STATUS OF REFERRAL (.15)
   1   TRIGGER
                This trigger deletes the Reason Not Completed field any time the Status of Referral field is
                changed or deleted.
   2   AB   MUMPS
                This cross-reference is used by the software to find active referrals.
   3   TRIGGER
                This trigger sets the Date Completed field to DT when the referral status is changed to C
                or X.
   4   TRIGGER
                This trigger sets the Closed by User field to DUZ when the referral status is changed to C
                or X.
   5   AZ9   MUMPS
                The routine executed by this routine checks for logical consistency between the CPT
                category and the CPT procedures.

 EXPECTED BEGIN DOS (1105)
   1   TRIGGER
                This trigger sets the Expected End DOS to The EXPECTED BEGIN DOS + the Inpatient
                Estimated LOS if the Inpatient or Outpatient field is Inpatient. This trigger deletes the
                Expected End DOS any time the Expected Begin DOS field is changed or deleted.

 ACTUAL END DOS (1108)

1   AC   REGULAR
                This cross-reference is created for purposes of quickly ordering through the Actual Ending
                Date of Service.

 INP ESTIMATED LOS (1109)
   1   TRIGGER
                This trigger sets the Expected End DOS to the Expected Begin DOS+ the Inpatient
                Estimated LOS. This trigger deletes the Expected End DOS any time the Inpatient
                Estimated LOS is changed or deleted.

 INP ACTUAL LOS (1110)
   1   TRIGGER
                This trigger sets the Actual End DOS to the Actual Begin DOS + the Inpatient Actual
                LOS. This trigger deletes the Actual End DOS any time the Inpatient Actual LOS is
                changed or deleted.

 CHS APPROVAL STATUS (1112)
   1   AAS   MUMPS

 CHS AUTHORIZATIONS PAID (1116)
   1   TRIGGER

IHS REFERRAL COSTS TO DATE (1118)
    1   TRIGGER
               This trigger sets the Actual IHS Cost field to the CHS IHS Paid Amt to Date when all
               CHS authorizations have been paid.

TOTAL REFERRAL COSTS TO DATE (1119)
    1   TRIGGER
               This trigger sets the Actual Cost field to the CHS FI Total Amt to Date when all CHS
               authorizations have been paid.

RCIS DIAGNOSIS   90001.01

 DIAGNOSIS (.01)
    1   B   REGULAR
    2   AZ1   MUMPS
               This MUMPS cross-reference sends a bulletin to the appropriate personnel if a referral
               diagnosis is entered that is a potentially high-cost diagnosis.

    9   AV9   MUMPS
               The purpose of this cross-reference is to prevent FileMan from asking for the identifiers
               when an entry is created in this file via a file shift from file 90001 using BMC software.

 PATIENT (.02)
    1   AC   REGULAR
               This cross-reference allows software to gather diagnoses by patient.

 REFERRAL (.03)
    1   AD   REGULAR
               This cross-reference is used to do file shifts from the RCIS Referral file.

RCIS PROCEDURE   90001.02

 PROCEDURE (.01)
    1   B   REGULAR
    2   AV1   MUMPS

    9   AV9   MUMPS
               The purpose of this cross-reference is to prevent FileMan from asking for the identifiers
               when an entry is added to this file via a file shift from file 90001 by BMC software.

 PATIENT (.02)
    1   AC   REGULAR
               This cross-reference allows software to gather procedures by patient.

 REFERRAL (.03)
    1   AD   REGULAR
               This cross-reference is used for file shifts from the RCIS Referral file.

RCIS CASE REVIEW COMMENTS   90001.03

  DATE (.01)
    1   B   REGULAR
    9   AV9   MUMPS
              The purpose of this cross-reference is to prevent FileMan from asking for the identifiers
              when an entry is added to this file via a file shift from file 90001 by BMC software.

  PATIENT (.02)
    1   AC   REGULAR
              This cross-reference allows the software to gather comments by patient.

  REFERRAL (.03)
    1   AD   REGULAR
              This cross-reference is used for file shifts from the RCIS Referral file.

RCIS SITE PARAMETER   90001.31

  FACILITY (.01)
    1   B   REGULAR

  REFERRAL YEAR (.02)

1   TRIGGER
              This trigger sets the Referral Number field to 0 whenever the Referral Year is added or
              modified.

RCIS ROUTINE REFERRAL DEF   90001.32

  NAME OF ROUTINE REFERRAL (.01)
    1   B   REGULAR

RCIS OUTPUT FORM DEFINITION   90001.33

  NAME OF OUTPUT FORM (.01)
    1   B   REGULAR

DX CATEGORY (.01)

    1   B   REGULAR

RCIS CPT PROCEDURE CATEGORY   90001.52

  SVC CATEGORY (.01)
    1   B   REGULAR

RCIS SPECIFIC PROVIDER   90001.53

 NAME (.01)
   1   B   REGULAR

 MNEMONIC (1)
   1   C   REGULAR

RCIS LOCAL SERVICE CATEGORY   90001.54

 NAME (.01)
   1   B   REGULAR

 MNEMONIC (.02)
   1   C   REGULAR

RCIS MANAGED CARE COMM ACTION   90001.55

 ITEM (.01)
   1   B   REGULAR

 CODE (.02)
   1   C   REGULAR

RCIS LOCAL UTIL REV BY MD CODES   90001.56

 ACTION (.01)
   1   B   REGULAR

RCIS REPORT LISTER ITEMS   90001.81

 ITEM (.01)
   1   B   REGULAR
   2   U   MUMPS

ORDER ON MENU (.09)
   1   C   REGULAR
   2   E   MUMPS

RCIS REPORT LISTER TEMP FILE   90001.82

 $J_$H (.01)
   1   B   REGULAR

 NAME OF REPORT (.03)
   1   C   REGULAR
SORT ITEM (.07)
   1   TRIGGER

Exported Options

The main menu for the Referred Care Information System package is BMCMENU. Following are the options and keys available to users.

BMCMENU	Referred Care Information System	
BMC ADD REFERRAL	Add Referral	
BMC ADD/EDIT LOCAL CATEGORY	Add/Edit Local Category	
BMC ADD/EDIT LOCAL MCC ACTION	Add/Edit Local Managed Care Committee Action	
BMC ADD/EDIT LOCAL UTIL REV	Add/Edit Local Utilization Review By MD Codes	
BMC ALTERNATE RESOURCES	Check Alternate Resources	
BMC BUSINESS OFFICE COMMENTS	Enter or Edit Business Office/CHS Comments	
BMC CHS APPROVAL AUDIT	Print Audit of CHS Approval User Edit/Deletes	
BMC CLOSE CURRENT REFERRAL	Close Out Referral - Current Fiscal Year	
BMC CLOSE REFERRAL	Close Out Referral - All Fiscal Years	BMCZ MGR
BMC DE UPDATE UR/MCC	Utilization Review by MD/Managed Care Committee Action	
BMC DELETE REFERRAL	Delete Referral Entered in Error	BMCZDELETE
BMC DISPLAY REFERRAL RECORD	Display Referral Record	
BMC DISPLAY SITE PARAMETERS	Display Site Parameters	
BMC EDIT CHS DATA	Add/Edit CHS Data	BMCZCHS
BMC EDIT SITE PARAMETERS	Edit Site Parameters	
BMC MENU-DATA ENTRY	Data Entry	
BMC MENU-DE SUP	RCIS Data Entry Supervisory Utilities	BMCZSUPERVISOR
BMC MENU-MANAGEMENT	RCIS Management	BMCZ MGR
BMC MENU-PRINT REPORTS	Print Reports	
BMC MENU-RPTS ADMINISTRATIVE	Administrative Reports	
BMC MENU-RPTS CASE MANAGEMENT	Case Management Reports	
BMC MENU-RPTS QUALITY OF CARE	Quality of Care Reports	
BMC MENU-RPTS UTILIZATION	Utilization Reports	

BMC MGT-ADD/EDIT ROUTINE REF	Add/Edit Routine Referral Template Form	
BMC MGT-DEL ROUTINE REFERRAL	Delete Routine Referral Template Form	
BMC MGT-DELETE RPT LISTER DEF	Delete General Retrieval Report Definition	
BMC MGT-EDIT SPECIFIC PROVIDER	Add Specific Provider	
BMC MGT-PRT LOCAL CATEGORIES	Print Local Categories Listing	
BMC MGT-PRT MGD CARE COM ACT	Print MGD Care Committee Action Listing	
BMC MGT-PRT SPECIFIC PROV	Print Specific Provider Listing	
BMC MGT-PRT UTIL REVIEW BY MD	Print Utilization Review/MD Listing	
BMC MOD SCHEDULING	Enter or Edit Scheduling Data	
BMC MODIFY CLOSED REFERRAL	Modify Closed Referral - All Fiscal Years	BMCZ MGR
BMC MODIFY CURRENT REFERRAL	Modify Referral - Current Fiscal	
BMC MODIFY REFERRAL	Modify Referral - All Fiscal Years	BMCZ MGR
BMC PRINT REFERRAL FORMS	Print Referral Letter (All Types of Letters)	BMCZCHS
BMC PRINT REFERRAL FORMS - CHS	Print Referral Letters (CHS Approval Status)	
BMC PRINT ROUTING SL	Print Routing Slips	
BMC RPT-ACTIVE REFERRALS1	Active Referrals by Date	
BMC RPT-ACTIVE REFERRALS2	Active Referrals by Referred To	
BMC RPT-ACTIVE REFERRALS3	Active Referrals by Requesting Provider	
BMC RPT-AREA DISCHARGES	Area Hospital Discharges	
BMC RPT-ASTHMA ADMISSION RATE	Asthma Admission Rates per Community	
BMC RPT-CHS DENIED/ACTIVE	CHS Denied Still Active	
BMC RPT-CHS PAID	CHS Paid	
BMC RPT-CHS PENDING	CHS Pending	
BMC RPT-CHS REF COSTS BY PROV	CHS Referral Costs By Requesting Prov/Facility	
BMC RPT-DISCH SUMMARY RC'D	Timeliness of Receiving Disch/Consult Summary	
BMC RPT-FAILURE TO USE 3RD RES	Failure to Use 3rd Party Resources for Elig Pts	
BMC RPT-GENERAL RETRIEVAL	RCIS General Retrieval	

BMC RPT-HIGH COST USERS LIST	List of High Cost Users	
BMC RPT-IN HOUSE BY CLINIC	Tally of In-House Referrals by Clinic	
BMC RPT-IN HOUSE BY PROV	Tally of In-House Referrals by Requesting Provider	
BMC RPT-INPATIENT LOG	Inpatient Log	
BMC RPT-MED/COST NOT RCVD	Patients for Whom Disch/Consult Summary Not Rec'd	
BMC RPT-OUTLIER REPORT	Outlier Report	
BMC RPT-OUTPATIENT LOG	Outpatient Referral Log	
BMC RPT-POT HIGH COST - TAX	Potential High Cost Cases	
BMC RPT-REFERRAL PATTERNS	Referral Patterns by Provider or Facility	
BMC RPT-TRANSFER LOG	Transfer Log	
BMC RPT-WEEKLY REVIEW REPORT	Referral Review Report by Time Period	
BMCFIXCPT	Fix Uncoded Procedure Codes	
BMCFIXVPOV	Fix Uncoded DX Codes	
BMCFIXVPROC	Fix Uncoded Procedure Codes	
BMCFIXVPROC	Fix Uncoded Procedures	

Menu Diagram

```
FILE (#)              POINTER        (#) FILE
   POINTER FIELD         TYPE              POINTER FIELD           FILE POINTED TO
-------------------------------------------------------------------------------
      L=Laygo     S=File not in set    N=Normal Ref.     C=Xref.
        *=Truncated      m=Multiple         v=Variable Pointer


                                  ------------------------------
RCIS DIAGNOSIS (#90001.01)        |                            |
    REFERRAL ............  (N L)-> | 90001 RCIS REFE*           |
RCIS PROCEDURE (#90001.02)        |                            |
  REFERRAL ............  (N )->    |  PATIENT         |-> PATIENT
RCIS CASE REVIEW COM (#90001.03)  |                            |
  REFERRAL ............  (N )->    |  REQUESTING FAC* |-> LOCATION
RCIS ROUTINE REFERRA (#90001.3221)|                            |
  LOCAL SERVICE CATEGORY (N C )->  |  REQUESTING PRO* |-> NEW PERSON
CHS FACILITY (#9002080.01)        |                            |
  DOCUMENT:REFERRAL .... (N S )->  |  TO PRIMARY VEN* |-> VENDOR
                                  |  TO IHS FACILITY |-> LOCATION
                                  |  TO OTHER PROVI* |-> RCIS SPECIFIC P*
                                  |  ICD DIAGNOSTIC* |-> RCIS ICD DIAGNO*
                                  |  CPT SERVICE CA* |-> RCIS CPT PROCED*
                                  |  CASE MANAGER    |-> NEW PERSON
                                  |  PROVISIONAL DRG |-> DRG
                                  |  FINAL DRG       |-> DRG
                                  |  CLINIC REFERRE* |-> CLINIC STOP
                                  |  CLOSED BY USER  |-> NEW PERSON
                                  |  CREATED BY USER |-> NEW PERSON
                                  |  PCC VISIT       |-> VISIT
                                  |  CHS DENIAL REA* |-> CHS DENIAL REAS*
                                  |  CHS AUTHORIZAT* |-> NEW PERSON
                                  |  MAN CARE COMM * |-> RCIS MANAGED CA*
                                  |  UTILIZATION RE* |-> RCIS LOCAL UTIL*
                                   ------------------------------

                                   ------------------------------
                                  | 90001.01 RCIS D*  |
                                  |  DIAGNOSIS        |-> ICD DIAGNOSIS
                                  |  PATIENT          |-> PATIENT
                                  |  REFERRAL         |-> RCIS REFERRAL
                                  |  DIAGNOSIS NARR*  |-> PROVIDER NARRAT*
                                   ------------------------------

                                   ------------------------------
                                  | 90001.02 RCIS P*  |
                                  |  PROCEDURE        |-> CPT
                                  |  PATIENT          |-> PATIENT
                                  |  REFERRAL         |-> RCIS REFERRAL
                                  |  PROCEDURE NARR*  |-> PROVIDER NARRAT*
                                   ------------------------------
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                                 -------------------------------
                                 | 90001.03 RCIS C*     |
                                 |  PATIENT             |-> PATIENT
                                 |  REFERRAL            |-> RCIS REFERRAL
                                 |  REVIEWER            |-> NEW PERSON
                                 -------------------------------

                                 -------------------------------
                                 | 90001.31 RCIS S*     |
                                 |  FACILITY            |-> LOCATION
                                 |  OTHER LOC           |-> LOCATION
                                 |  DEFAULT MGR         |-> NEW PERSON
                                 |  CHS SUPERVISOR      |-> NEW PERSON
                                 |  BUSINESS OFFIC*     |-> NEW PERSON
                                 |  STATE               |-> STATE
                                 | m HIGH C:HIGH C*     |-> NEW PERSON
                                 | m HIGH C:HIGH C*     |-> NEW PERSON
                                 | m COSMET:COSMET*     |-> NEW PERSON
                                 | m EXPERI:EXPERI*     |-> NEW PERSON
                                 | m THIRD :THIRD *     |-> NEW PERSON
                                 -------------------------------

                                 -------------------------------
                                 | 90001.32 RCIS R*     |
                                 |  REQUESTING FAC*     |-> LOCATION
                                 |  REQUESTING PRO*     |-> NEW PERSON
                                 |  TO PRIMARY VEN*     |-> VENDOR
                                 |  TO IHS FACILITY     |-> LOCATION
                                 |  TO OTHER PROVI*     |-> RCIS SPECIFIC P*
                                 |  ICD DIAGNOSTIC*     |-> RCIS ICD DIAGNO*
                                 |  CPT SERVICE CA*     |-> RCIS CPT PROCED*
                                 |  PROVISIONAL DRG     |-> DRG
                                 |  FINAL DRG           |-> DRG
                                 |  CREATED BY USER     |-> NEW PERSON
                                 | m LOCAL :LOCAL *     |-> RCIS REFERRAL
                                 -------------------------------
```

```
                                 -------------------------------
RCIS REFERRAL (#90001)           |                     |
  ICD DIAGNOSTIC CATEGORY (N C )->| 90001.51 RCIS I*    |
RCIS ROUTINE REFERRA (#90001.32) |                     |
  ICD DIAGNOSTIC CATEGORY (N )->  |                     |
                                 -------------------------------
```

```
                                 -------------------------------
RCIS REFERRAL (#90001)           |                     |
  CPT SERVICE CATEGORY .  (N )->  | 90001.52 RCIS C*    |
RCIS ROUTINE REFERRA (#90001.32) |                     |
  CPT SERVICE CATEGORY .  (N )->  |  SIGNIFICANT TA*    |-> TAXONOMY
                                 -------------------------------
```

```
                                 -------------------------------
RCIS REFERRAL (#90001)           |                     |
  TO OTHER PROVIDER ....  (N L)-> | 90001.53 RCIS S*    |
RCIS ROUTINE REFERRA (#90001.32) |                     |
  TO OTHER PROVIDER ....  (N L)-> |                     |
                                 -------------------------------
```

```
                                          -------------------------------
RCIS REFERRAL (#90001.21)                 |                             |
   LOCAL SERVICE CATEGORY  (N )->         | 90001.54 RCIS L*            |
                                          -------------------------------

                                          -------------------------------
 RCIS REFERRAL (#90001)                   |                             |
   MAN CARE COMM ACTION .  (N )->         |  90001.55 RCIS M*           |
                                          -------------------------------

                                          -------------------------------
RCIS REFERRAL (#90001)                    |                             |
   UTILIZATION REVIEW BY * (N )->         |  90001.56 RCIS L*           |
                                          -------------------------------

                                          -------------------------------
 RCIS REPORT LISTER T (#90001.82)         |                             |
   SORT ITEM ............  (N )->         |  90001.81 RCIS R*           |
   SCREEN ITEMS .........  (N C )->       |                             |
   PRINT ITEMS ..........  (N C )->       |                             |
                                          -------------------------------

                                          -------------------------------
                                          | 90001.82 RCIS R*           |
                                          |  SORT ITEM        |-> RCIS REPORT LIS*
                                          |  USER CREATED     |-> NEW PERSON
                                          -------------------------------
```

Archiving and Purging

There is no archiving or purging in this package.

External Relations

Called Routines:

VALM	VALM0	VALM1	XBCLS	XBDBQUE	XBDIQ1	XBFMK	XBFUNC
XBFUNC1	XBKD	XBLM	XBNEW	XLFDT	XLFSTR	XQORM1	AMQQTX
APCDALV1	APCDEKL	AUPNPAT1	AUPNPAT2	AUPNPAT3	AUPNPAT4	AUPNVSIT	ORVOM0
ORVOM11	ORVOMH	VALM00	VALM10	VALM11	VALM4	XBDIR	XBDSET
XBGXFR	XBKD2	XBKD3	XBKVAR	XBRESID	XBSFGBL	XBVIDEO	XBVK
XGF	XLFDT2	XLFDT4	XQOR	XQORM4	XQORM6	AMQQTX0	APCDDIC
APCDVDSP	APCDVMRG	ORVOM1	ORVOM2	ORVOM3	XBKTMP	XGKB	XGS
XGSA	XGSBOX	XGSETUP	XGSW	XLFDT3	XQOR1	XQOR4	XQORM3
XQORM5	XTBASE	ZIBVKMSM	APCDVCHK	APCDVLK	APCDVM2	ORVOM4	XGKB1
XPDUTL	XQ12	XQORO	XUP	APCDVCH	OR1	ORGKEY	ORUTL
ORVOM5	ORX2	XQ6	XQCHK	XQDATE	XQOO1	XUS1	XUS3
XUSCLEAN	XUSHSH	APCDVCH1	APCDVCH2	OR4	ORF3	ORF8	ORGR
ORREV2	ORTRAP	ORU	ORU2	ORVOM6	ORX1	XQ6A	XQ7
XQ92	XQH	XQOO2	XUS1A	XUS2	XUSHSHP	XUSTZ	ZU
APCDRV	GMRADPT	OR	OR5	OR51	OR6	ORDD100	ORF32
ORF6	ORF9	ORREV3	ORREV32	ORREV4	ORREV7	ORUHDR	ORX
ORX3	ORX5	ORX6	XQ83	XQH0	XQH1	XQH2	XUS4
XUSESIG	XUVERIFY	APCDR00	APCDRVH	OR50	ORB	ORDD100A	ORF1
ORF2	ORLA1	ORLB0	ORREV	ORREV31	ORREV34	ORREV6	ORSED
ORSED1	ORU3	ORUDPA	ORUTL1	ORX4	ORX7	ORX8	VADPT
XQ8	XQ81	XQ83A	XQ83D	XQ83R	XQALERT	APCDR001	APCDRVH1
APCDRVH2	OR3	ORF5	ORF7	ORLA11	ORLPURG	ORREV1	ORU1
ORULIST1	VADPT0	XQALDATA	XQALDEL	XQALDOIT	XQALERT1	XQALSET	APCDRRQ
ORLA3	ORUS	VADPT1	VADPT2	VADPT3	VADPT4	VADPT5	VADPT6
XQ74	XQALFWD	DGMTU21	ORLA2	ORUS1	ORUS5	VADPT30	VADPT31
XQ72	XQALMAKE	XQSET	DGMTSCU1	DGMTU11	ORUS2	ORUS3	ORUS4
VADPT32	XQ72A	XQ73					

Internal Relations

All users should be given access to the appropriate options. Assign security keys to them, as needed. All of the options in this system stand alone.

How to Generate Online Documentation

The file number range for this package is 90001-90001.82. The namespace is BMC. All templates, routines, screen forms, etc. begin with BMC.

This section describes some of the methods by which users can generate Health Summary system technical documentation. Online technical documentation pertaining to the Health Summary software, in addition to that which is located in the help prompts and on the help screens throughout the Health Summary package, can be generated through the use of several Kernel options. These include, but are not limited to, the following:

- %INDEX
- Menu Management
- Inquire Option
- Print Option File
- VA FileMan
- Data Dictionary Utilities
- List File Attributes

Entering question marks at the "Select...Option" prompts can also provide users with valuable technical information. For example, a single question mark (?) lists all options that can be accessed from the current option. Entering two question marks (??) lists all options accessible from the current one, showing the formal name and lock for each. Three question marks (???) displays a brief description for each option in a menu, whereas an option name preceded by a question mark (?OPTION) shows extended help, if available, for that option.

For a more exhaustive option listing and further information about other utilities that supply online technical information, please consult the DHCP Kernel Reference manual.

%INDEX

This option analyzes the structure of a routine to determine in part if the routine adheres to RPMS Programming Standards. The %INDEX output can include the following components:

- Compiled list of errors and warnings
- Routine listing
- Local variables
- Global variables
- Naked globals
- Label references
- External references

By running %INDEX for a specified set of routines, you are afforded the opportunity to discover any deviations from RPMS Programming Standards that exist in the selected routines and to see how routines interact with one another (i.e., which routines call or are called by other routines).

To run %INDEX for the Health Summary package, specify the APCH namespace at the Routine(s)?> prompt.

Note: RCIS initialization routines that reside in the UCI in which %INDEX is being run, compiled template routines, and local routines found within the BMC namespace should be omitted at the Routine(s)?> prompt. To omit routines from selection, preface the namespace with a minus sign (-).

Inquire Option

This menu management option provides the following information about a specified option:
- Option name
- Menu text
- Option description
- Type of option
- Lock (if any)

In addition, all items on the menu are listed for each menu option. To secure information about the RCIS options, you must specify the BMC namespace.

Print Option File

This utility generates a listing of options from the Option file (#19). You can choose to print all of the entries in this file or you can specify a single option or range of options. For a list of RCIS options, please refer to the Exported Options section of this manual.

List File Attributes

This VA FileMan option allows you to generate documentation pertaining to files and file structure. Using the Standard format of this option yields the following data dictionary information for a specified file:
- File name and description
- Identifiers
- Cross-references
- Files pointed to by the file specified
- Files that point to the file specified
- Input, print, and sort templates

In addition, the following applicable data is supplied for each field in the file:
- Field name, number, title, and description
- Global location
- Help prompt
- Cross-references
- Input transform
- Date last edited
- Notes

Using the Global Map format of this option generates an output that lists the following information:
- All cross-references for the file selected
- Global location of each field in the file
- Input, print, and sort templates

For a comprehensive listing of RCIS package files, please refer to the Files section of this manual.

SAC Requirements/Exemptions

No exemptions were necessary for this package.

Glossary

Access Code	A password used along with the verify code to provide secure user access. It is used by the Sign-on/Security system to identify the user.
Archiving	The storing of historical or little-used data off-line.
Browser	An interactive application that displays ASCII text on a terminal that supports a scroll region. The text can be in the form of a word-processing field or sequential local or global array. The user is allowed to navigate freely within the document.
Bulletin	An electronic mail message automatically delivered by MailMan under certain conditions. For example, a bulletin can be set up to generate when a particular type of referral has been entered. Bulletins are generated by bulletin-type cross-references.
Callable Entry Points	Places in a routine that can be called from an application program.
Common Menu	Options that are available to all users. Entering two question marks at the menu's select prompt will display any secondary menu options available to the signed-on user, along with the common options available to all users.
Cross-reference	An indexing method whereby files can include pre-sorted lists of entries as part of the stored database. Cross-references (x-refs) facilitate look-up and reporting.
Entry Point	Entry point within a routine that is referenced by a "DO" or "GOTO" command from a routine internal to a package.
Field	In a record, a specified area used for a category of data. The data specifications of each field are documented in the file's data dictionary.
File	A set of related records or entries treated as a single unit.
FileMan	The database management system for RPMS.
Form	A screen-oriented display (see ScreenMan).
Global	In MUMPS, global refers to a variable stored on disk (global variable) or the array to which the global variable may belong (global array).
Help Frames	On-line screens of documentation. Entries in the Help Frame file may be distributed with application packages. Frames may be linked with other related frames to form a nested structure.
INDEX (%INDEX)	A Kernel utility used to verify routines and other MUMPS code associated with a package. Checking is done according to current ANSI MUMPS standards and RPMS programming standards. This tool can be invoked through an option or from direct mode (>D ^%INDEX).
Init	Initialization of an application package. The initialization step in the installation process builds files from a set of routines (the init routines). Init is a shortened form of initialization.

Internal Entry Number (IEN)	The number used to identify an entry within a file. Every record has a unique internal entry number.
Kernel	The set of MUMPS software utilities that function as an intermediary between the host operating system and application packages, such as Laboratory and Pharmacy. The Kernel provides a standard and consistent user and programmer interface between application packages and the underlying MUMPS implementation. These utilities provide the foundation for RPMS.
MailMan	An electronic mail system that allows users to send and receive messages via the RPMS computer. Electronic mail messages received via MailMan may also be bulletins that are automatically generated or server-handled data transmissions.
Menu	A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection. When displayed, menu-type options are preceded by the word "Select" and followed by the word "Option" as in Select Menu management option: (the menu's select prompt).
Namespace	A unique set of 2 to 4 alpha characters that are assigned by the database administrator to a software application.
Option	An entry in the Option file. As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, non-interactively, by TaskMan.
Option Name	The Name field in the Option file. Options are namespaced according to RPMS conventions.
Programming Standards and Conventions (SAC)	Programming mandates to ensure the functional soundness and technical correctness of RPMS programs.
Resource and Patient Management System (RPMS)	A suite of software applications used at Indian Health Service facilities to support administrative, clerical, and clinical functions.
Routine	A program or sequence of instructions called by a program that may have some general or frequent use. MUMPS routines are groups of program lines that are saved, loaded, and called as a single unit via specific name.
Utility	A callable routine line tag or function. A universal routine usable by anyone.
Variable	A character or group of characters that refer to a value. MUMPS recognizes 3 types of variables: local variables, global variables, and special variables. Local variables exist in a partition of the main memory and disappear at sign-off. A global variable is stored on disk, potentially available to any user. Global variables usually exist as parts of global arrays.
Verify Code	A secret password used along with the access code to provide secure user access. The Kernel's Sign-on/Security system uses the verify code to validate the user's identity.